

Utilization of Early Discharge Orders to Improve Hospital Throughput



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BACKGROUND:

Discharge orders typically get placed around mid-day which creates a bottleneck for hospital operations including moving post-surgical admissions, emergency room admissions and transfer patients from outside facilities.

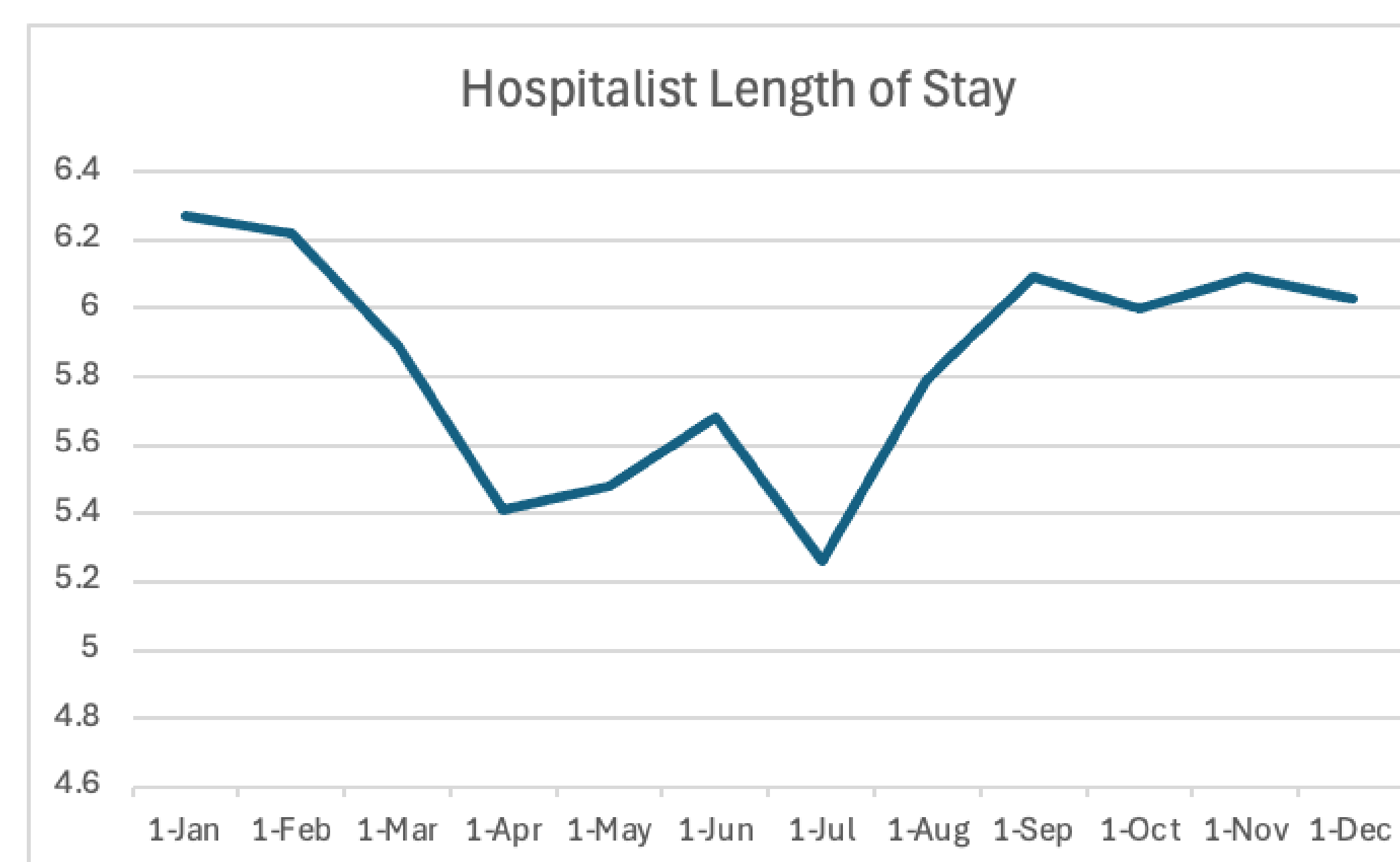
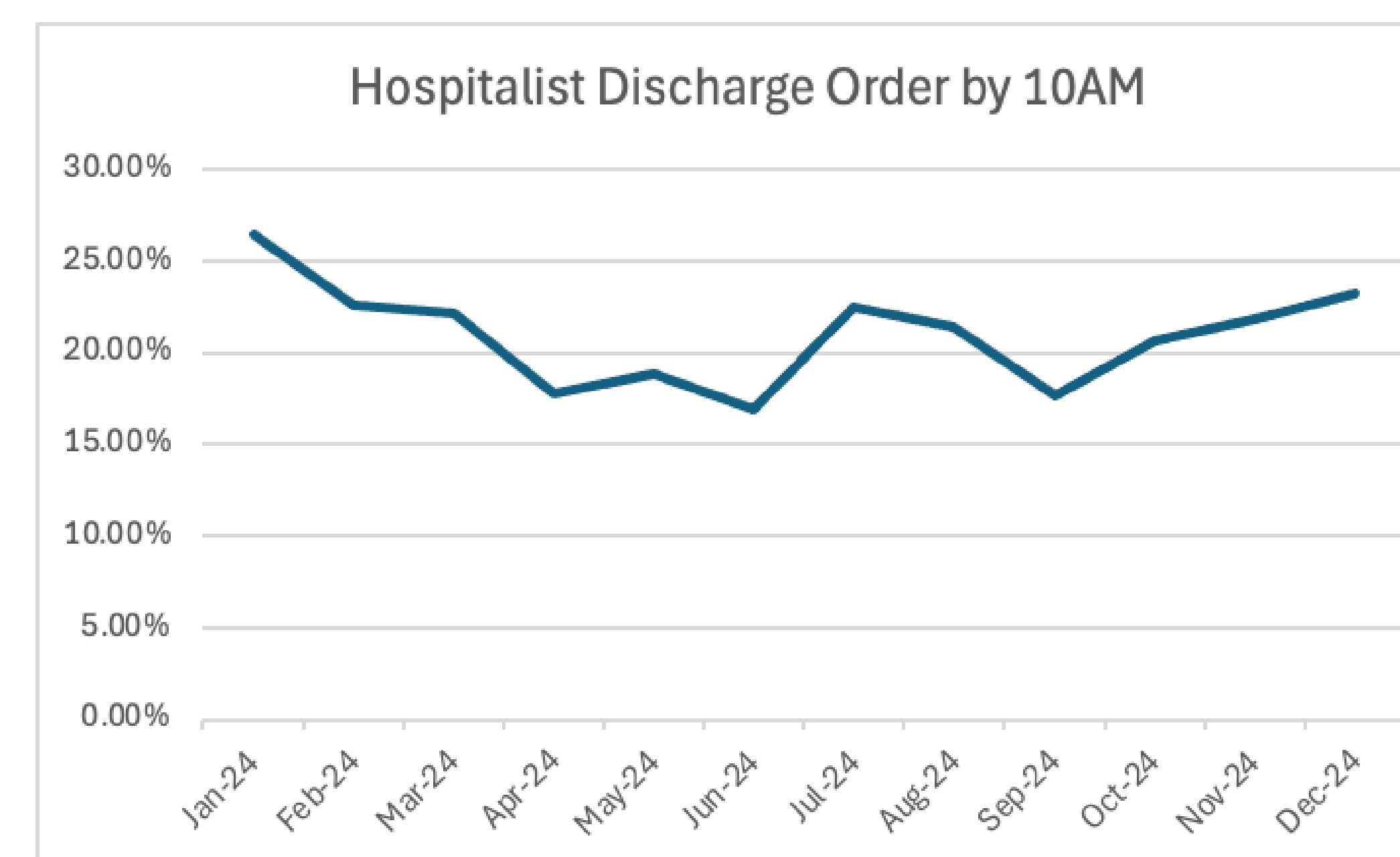
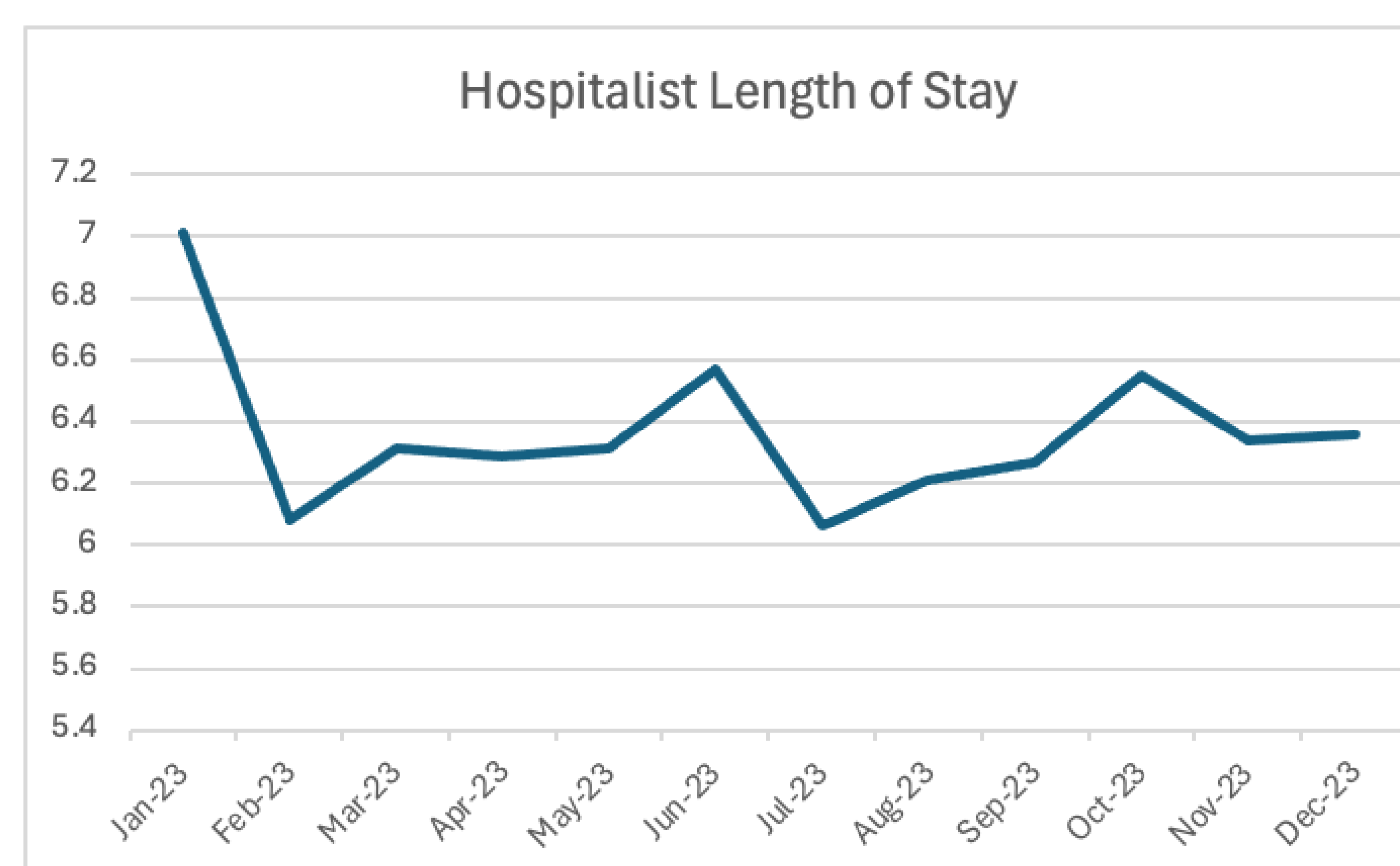
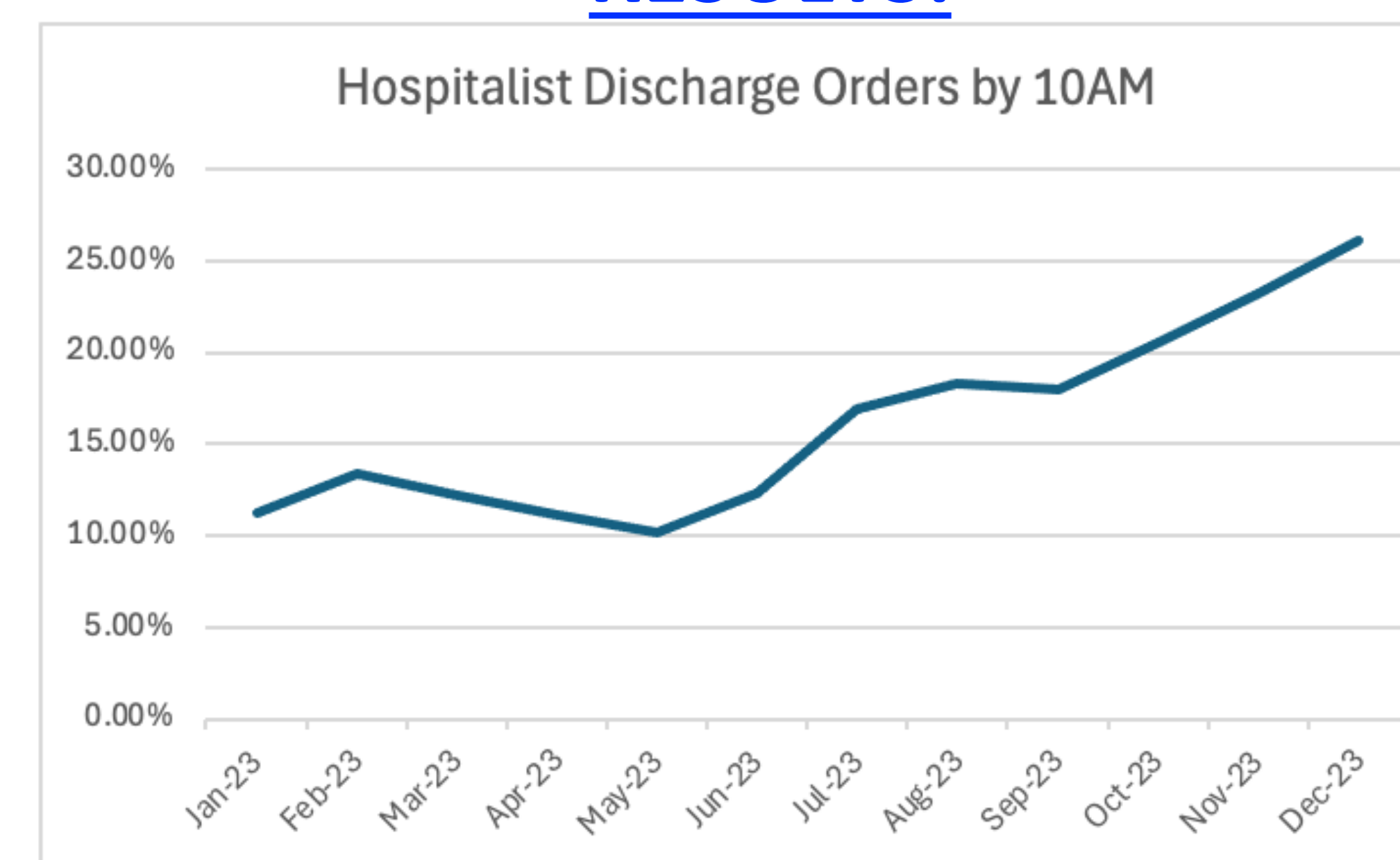
SMART OBJECTIVE:

The goal was to increase discharge orders by 10AM for 2024 to 20% while increasing patients out the door by noon and monitoring length of stay as well as readmissions for a balance measure.

INTERVENTION:

- Discharge orders by 10AM and patient out the door by noon data was collected in 2023 and 2024
- Length of stay and readmissions for inpatient academic and hospitalist medicine teams.
- Information was publicized to attending physicians as a group monthly.
- Readmission data was collected retrospectively.

RESULTS:



SCALE UP PLAN:

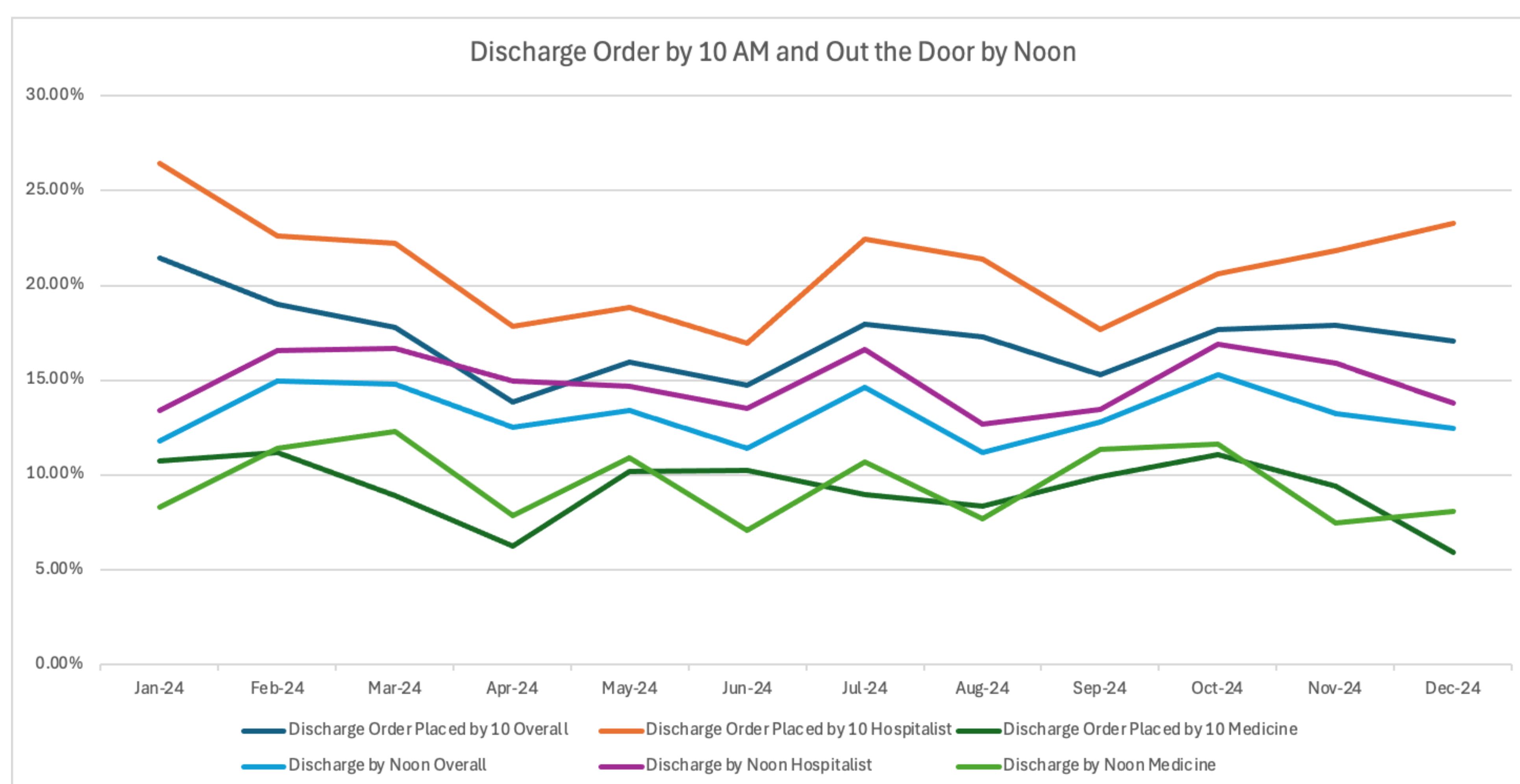
Consideration of publishing this information to other service lines to motivate early discharges to improve hospital throughput with emphasis on patient education and discharge planning 24 hours prior to anticipated discharge day.

SUSTAINABILITY PLAN:

- Continue to track and publish discharge orders by 10AM by provider.
- Continue monitoring readmission rate for academic and hospitalist medicine

LESSONS LEARNT:

Academic teams may have a more difficult time discharging early secondary to different rounding strategies, more team members and teaching at the forefront of rounds in lieu of capacity. Readmission rate rose across all service lines despite the non-congruent discharges before 10 AM when comparing Hospitalist and Academic Medicine teams which leads to the conclusion that readmissions remain a multifaceted complex problem.



REFERENCES:

Bailey R, Segon A, Garcia S, Kottewar S, Lu T, Tuazon N, Sanchez L, Gelfond JA, Bowling G. Increasing and sustaining discharges by noon - a multi-year process improvement project. BMC Health Serv Res. 2024 Apr 17;24(1):478. doi: 10.1186/s12913-024-10960-x. PMID: 38632568; PMCID: PMC11025149.